

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS3312HHA	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/30/2009
NAME OF PROVIDER OR SUPPLIER ROYALE HEALTH SYSTEMS INC		STREET ADDRESS, CITY, STATE, ZIP CODE 2770 SOUTH MARYLAND PARKWAY SUITE 418 LAS VEGAS, NV 89109		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 00	<p>INITIAL COMMENTS</p> <p>This Statement of Deficiencies was generated as a result of a State Licensure survey conducted at your facility on June 30, 2009 in accordance with Nevada Administrative Code, Chapter 449, Home Health Agencies.</p> <p>The agency's census was 30 patients. Eight patients files were reviewed.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>The following deficiencies were identified:</p>	H 00		
H134 SS=C	<p>449.770 Governing Body; Bylaws</p> <p>9. The governing body shall ensure that the administrator has sufficient freedom from other responsibilities to permit adequate attention to the direction and management of the agency. This Regulation is not met as evidenced by: Based on policy review and interview, the agency lacked a policy requiring the governing body to ensure the administrator had sufficient freedom from other responsibilities to direct the agency.</p> <p>Severity: 1 Scope: 3</p>	H134		
H136 SS=A	<p>449.773 Administrator</p> <p>2. The administrator shall represent the governing body in the daily operation of the agency. His responsibilities include: (a) Keeping the governing body fully informed of the conduct of the agency through regularly</p>	H136		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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H136	Continued From page 1 written reports and by attendance at meetings of hte governing body. (b) Employing qualified personnel and arranging for their orientation and continuing education. (c) Developing and implementing an accounting and reporting system that reflects the fiscal experience and financial position of the agency. (d) Negotiating for services provided by contract in accordance with legal requirements and established policies of the agency. (e) Holding periodic meetings to maintain a liaison between the governing body, the advisory groups and the members of the staff. (f) Other duties as may be assigned. This Regulation is not met as evidenced by: Based on policy review and interview, the agency lacked a policy requiring its administrator to negotiate for services provided by contract and to hold periodic meetings to maintain a liaison between the governing body, the advisory groups, and the staff members. Severity: 1 Scope: 1	H136			
H139 SS=F	449.776 Director of Professional Services 2. The director of professional services shall: (a) Direct, supervise and coordinate the skilled nursing services and other therapeutic services provided by the agency. (b) Develop and revise written objectives for the care of the patients, policies and procedure manuals. (c) Assist in the development of descriptions of jobs. (d) Assist in the recruitment and selection of personnel. (e) Recommend to the administrator the	H139			

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H139	Continued From page 2 number and levels of members of the nursing staff. (f) Plan and conduct orientations and continuing education for members of the staff engaged in the care of patients. (g) Evaluate the performance of the nursing staff. (h) Assist in planning and budgeting for the provision of services. (i) Assist in establishing criteria for the admission and discharge of patients. This Regulation is not met as evidenced by: Based on policy review and interview, the agency lacked a policy requiring its director of professional services to develop and revise written objectives for patient care and policy/procedure manuals, to assist in job description development, and to assist in criteria establishment for patient admissions and discharges. Severity: 2 Scope: 3	H139			
H144 SS=C	449.779 Professional Advisory Group 5. The advisory group shall participate in continuing program to acquaint the community with the established policies and the scope and availability of services provided by the agency and to promote appropriate utilization. This Regulation is not met as evidenced by: Based on policy review and interview, the agency lacked a policy requiring its advisory group to acquaint the community with established policies, scope of services, and appropriate utilization of services. Severity: 1 Scope: 3	H144			

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H145	Continued From page 3	H145		
H145 SS=A	<p>449.779 Professional Advisory Group</p> <p>6. The member of the advisory group who is a physician shall interpret the established policies to the local medical society and to other physicians.</p> <p>This Regulation is not met as evidenced by: Based on policy review and interview, the agency lacked a policy requiring the physician of the advisory group to interpret established policies to the local medical society and to other physicians.</p> <p>Severity: 1 Scope: 1</p>	H145		
H152 SS=F	<p>449.782 Personnel Policies</p> <p>A home health agency shall establish written policies concerning the qualification, responsibilities and conditions of employment for each type of personnel, including licensure if required by law. The written policies must be reviewed as needed and made available to the members of the staff and the advisory groups. The personnel policies must provide for:</p> <p>6. The maintenance of employee records which confirm that personnel policies are followed;</p> <p>This Regulation is not met as evidenced by: Based on personnel record review and policy review, the agency failed to ensure the completion of criminal background checks for 5 of 10 employees (Employee #1, #2, #6, #9, and #10).</p> <p>Findings include:</p> <p>1. The agency's policy #C:3-004.1, revised October 2008, indicated the following: "a criminal background check will be obtained for positions as required by law and regulations."</p>	H152		

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H152	Continued From page 4 2. Employee #2 and Employee #9 lacked federal or state fingerprint clearances in their files. 3. Employee #1, #6, and #10 lacked criminal affidavit statements in their files. Severity: 2 Scope: 3	H152		
H153 SS=F	449.782 Personnel Policies A home health agency shall establish written policies concerning the qualification, responsibilities and conditions of employment for each type of personnel, including licensure if required by law. The written policies must be reviewed as needed and made available to the members of the staff and the advisory groups. The personnel policies must provide for: 7. The annual testing of all employees who have contact with patients for tuberculosis pursuant to NAC 441A.375; and This Regulation is not met as evidenced by: NAC 441A.375 Medical facilities, facilities for the dependent and homes for individual residential care: Management of cases and suspected cases; surveillance and testing of employees; counseling and preventive treatment. (NRS 441A.120 < http://www.leg.state.nv.us/NRS/NRS-441A.html >) 1. A case having tuberculosis or suspected case considered to have tuberculosis in a medical facility or a facility for the dependent must be managed in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200 < http://www.leg.state.nv.us/NAC/NAC-441A.html >.	H153		

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H153	<p>Continued From page 5</p> <p>2. A medical facility, a facility for the dependent or a home for individual residential care shall maintain surveillance of employees of the facility or home for tuberculosis and tuberculosis infection. The surveillance of employees must be conducted in accordance with the recommendations of the Centers for Disease Control and Prevention for preventing the transmission of tuberculosis in facilities providing health care set forth in the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200 <http://www.leg.state.nv.us/NAC/NAC-441A.html>.</p> <p>3. Before initial employment, a person employed in a medical facility, a facility for the dependent or a home for individual residential care shall have a:</p> <p>(a) Physical examination or certification from a licensed physician that the person is in a state of good health, is free from active tuberculosis and any other communicable disease in a contagious stage; and</p> <p>(b) Tuberculosis screening test within the preceding 12 months, including persons with a history of bacillus Calmette-Guerin (BCG) vaccination.</p> <p>Ê If the employee has only completed the first step of a 2-step Mantoux tuberculin skin test within the preceding 12 months, then the second step of the 2-step Mantoux tuberculin skin test or other single-step tuberculosis screening test must be administered. A single annual tuberculosis screening test must be administered thereafter, unless the medical director of the facility or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of</p>	H153		

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H153	<p>Continued From page 6</p> <p>exposure and corresponding frequency of examination must be determined by following the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200 <http://www.leg.state.nv.us/NAC/NAC-441A.html>.</p> <p>4. An employee with a documented history of a positive tuberculosis screening test is exempt from screening with skin tests or chest radiographs unless he develops symptoms suggestive of tuberculosis.</p> <p>5. A person who demonstrates a positive tuberculosis screening test administered pursuant to subsection 3 shall submit to a chest radiograph and medical evaluation for active tuberculosis.</p> <p>6. Counseling and preventive treatment must be offered to a person with a positive tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200 <http://www.leg.state.nv.us/NAC/NAC-441A.html>.</p> <p>7. A medical facility shall maintain surveillance of employees for the development of pulmonary symptoms. A person with a history of tuberculosis or a positive tuberculosis screening test shall report promptly to the infection control specialist, if any, or to the director or other person in charge of the medical facility if the medical facility has not designated an infection control specialist, when any pulmonary symptoms develop. If symptoms of tuberculosis are present, the employee shall be evaluated for tuberculosis.</p> <p>(Added to NAC by Bd. of Health, eff. 1-24-92; A by R084-06, 7-14-2006)</p> <p>Based on personnel record review and the agency's tuberculin testing screening policy, the agency failed to ensure employees received</p>	H153			

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H153	Continued From page 7 tuberculosis screening pursuant to NAC 441A.375 for 3 of 14 employees (#9, #10, and #11). Severity: 2 Scope: 3	H153			
H159 SS=F	449.785 Contracts for Home Health Services If a home health agency provides home health services under a contract with another agency, person or nonprofit agency, it must require that such services be furnished in accordance with the terms of the written contract. The contract must: 5. Provide for the reporting of clinical notes and observations by contracted personnel for inclusion in the records of the primary home health agency to facilitate planning and evaluating patient care and to document the care given. Periodic progress notes by appropriate members of the staff must be submitted at least every 14 days and more often if warranted by the patient's condition. This Regulation is not met as evidenced by: Based on service contract review, the agency's service contract lacked a 14 day deadline for clinical staff to submit progress notes. Findings include: The agency's service contract with its speech therapist indicated progress notes could be submitted every 30 calendar days. Severity: 2 Scope: 3	H159			
H164 SS=F	449.785 Contracts for Home Health Services If a home health agency provides home health	H164			

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H164	Continued From page 8 services under a contract with another agency, person or nonprofit agency, it must require that such services be furnished in accordance with the terms of the written contract. The contract must: 10. Assure that personnel and services contracted for will provide treatment to referred patients without regard to race, creed or national origin. This Regulation is not met as evidenced by: Based on policy and service contract review, the agency's service contract lacked a provision ensuring contracted personnel provided treatment to referred patients without regard to race, creed, or national origin. Findings include: The agency's policies #C:3-027.1 and #HH:3-008.1:24.0, revised in October 2008, failed to ensure contracted personnel provided treatment to referred patients without regard to race, creed, or national origin. The agency's service contract with its speech therapist failed to do the same. Severity: 2 Scope: 3	H164		
H166 SS=C	449.788 Services to Patients 1. If needed patient services are not available within the agency, the agency must assist in directing the patient to other community resources. This Regulation is not met as evidenced by: Based on policy review, the agency lacked a policy requiring it to assist in directing patients to other community resources when it could not provide needed services within the agency.	H166		

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H166	Continued From page 9 Severity: 1 Scope: 3	H166		
H167 SS=F	449.788 Services to Patients 2. Services must be supplied only by qualified personnel and under the supervision of a physician licensed to practice in this state. Qualifications include licensure, registration, certification or their equivalent, as required by state or federal law, for each of the following disciplines: (a) The professional registered nurse must hold a state license. (b) The practical nurse must hold a state license (c) The home health aide must hold a certificate as a nursing assistant issued by the state board of nursing. (d) The physical therapist must be registered in this state. (e) The occupational therapist must meet the requirements of the American Occupational Therapy Association or the equivalent thereof. (f) The speech therapist must hold a certificate from the American Speech and Hearing Association or the equivalent thereof. (g) The social worker must be licensed pursuant to chapter 641B of NRS. (h) The nutritionist must have a bachelor of science degree in home economics in food and nutrition or the equivalent thereof. (i) The inhalation therapist must be registered by the American Association of Inhalation Therapists or the equivalent thereof. This Regulation is not met as evidenced by: Based on policy review and interview, the agency lacked job descriptions and/or policies requiring proper credentialing of its home health aides and social workers.	H167		

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H167	Continued From page 10 Severity: 2 Scope: 3	H167		
H169 SS=E	<p>449.791 Duties of Personnel</p> <p>1. A registered nurse shall:</p> <p>(a) Provide nursing guidance and care to patients at home.</p> <p>(b) Evaluate the home for its suitability for the patient's care.</p> <p>(c) Teach the patient and those in the home who nurse him how his care is to be given.</p> <p>(d) Supervise and evaluate the patient's care on a continuing basis.</p> <p>(e) Provide necessary professional nursing care.</p> <p>This Regulation is not met as evidenced by: Based on policy review and interview, the agency lacked a policy requiring a registered nurse to conduct an evaluation of a patient's home environment regarding its suitability for patient care and also failed to supervise licensed vocational nurse visits for 2 of 8 patients (Patient #5 and #8).</p> <p>Findings include:</p> <p>1. According to agency policy #HH:3-003.3 revised in October 2008, registered nurses should supervise licensed vocational nurses at least monthly.</p> <p>2. Patient #5 lacked a licensed vocational nurse supervision visit for April 2009.</p> <p>3. Patient #8 lacked a monthly vocational nurse supervision visit(s) between 2/10/09 and 6/22/09.</p> <p>Severity: 2 Scope: 2</p>	H169		

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H177	Continued From page 11	H177		
H177 SS=C	<p>449.793 Evaluation by Governing Body</p> <p>3. A committee shall review the management and office procedures of the agency to ascertain that:</p> <p>(a) The agency is being operated in the most effective and economical means while still giving quality service.</p> <p>(b) All office procedures are up to date, filing is correctly done and bookkeeping is meeting accepted accounting procedures and is current.</p> <p>(c) Equipment is in good repair an adequately meets operational needs.</p> <p>This Regulation is not met as evidenced by: Based on policy review and interview, the agency lacked a review of management and office procedures in accordance with its annual evaluation.</p> <p>Findings include:</p> <p>1. Agency policies lacked a provision indicating the agency would review its management and office procedures to ascertain whether all office procedures were up to date, filing was correctly done, and bookkeeping met current accepted accounting procedures.</p> <p>2. The Director of Professional Services failed to provide documented evidence the agency reviewed its management and office procedures annually.</p> <p>Severity: 1 Scope: 3</p>	H177		
H179 SS=C	<p>449.793 Evaluation by Governing Body</p> <p>5. A committee shall review the medical and personnel policies to ensure that the policies are being fulfilled and necessary changes or</p>	H179		

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H179	Continued From page 12 additions are effected. This Regulation is not met as evidenced by: Based on policy review and interview, the agency lacked a policy requiring a committee to review medical and personnel policies. Severity: 1 Scope: 3	H179		
H180 SS=C	449.793 Evaluation by Governing Body 6. The governing body shall provide for a quarterly review of 10 percent of the records of patients who have received services during hte preceding 3 months in each services area. The members of the committee must include an administrative representative, a physician, a registered nurse and a clerk or librarian who keeps records. The clerk or librarian shall review the clinical records to ensure that they are complete, that all forms are properly filled out and that documentation complies with good medical practices. The committee shall determine whether the services have been provided to the patients in an adequate and appropriate manner by all levels of service. The committee shall record any deficiencies and make necessary recommendations to the administrator. If the branch offices are small, two or more offices may establish one committee to review cases from each are. Each subunit agency must establish a committee to review cases within its area. Minutes of the committee's meetings must be documented and available for review. This Regulation is not met as evidenced by: Based on policy review and interview, the agency lacked a policy requiring the members of its quarterly review committee to include an administrative representative, a physician, a registered nurse, and a clerk or librarian.	H180		

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NAME OF PROVIDER OR SUPPLIER ROYALE HEALTH SYSTEMS INC			STREET ADDRESS, CITY, STATE, ZIP CODE 2770 SOUTH MARYLAND PARKWAY SUITE 418 LAS VEGAS, NV 89109		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
H180	Continued From page 13 Severity: 1 Scope: 3	H180			
H189 SS=C	449.797 Contents of Clinical Records 6. Nurses' notes that follow a good medical format, including pertinent observations regarding a patient's physical and mental status, procedures done, examinations, dietary status and recommendations. This Regulation is not met as evidenced by: Based on policy review and interview, the agency lacked a policy regarding organization of clinical information and documentation in nurses' notes. Severity: 1 Scope: 3	H189			
H190 SS=C	449.797 Contents of Clinical Records 7. Therapist's notes, if applicable, stating the rehabilitative procedures, progress and the types, duration and frequency of the modalities rendered. This Regulation is not met as evidenced by: Based on policy review and interview, the agency lacked a policy specifying therapists' notes had to include rehabilitative procedures, progress, types, duration, and frequencies of modalities rendered. Severity: 1 Scope: 3	H190			
H191 SS=E	449.797 Contents of Clinical Records 8. A written evaluation for services made at the time the patient is admitted for care. Regular written reevaluations for services and assessments of patients made on a continuing basis. This Regulation is not met as evidenced by: Based on record review and interview, the agency	H191			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

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H191	Continued From page 14 lacked documented evidence it reevaluated patients for services and assessments on a continuing basis for 2 of 8 patients (Patient #1 and #7). Findings include: 1. Patient #1 lacked a recertification OASIS for 5/24/09 to 7/22/09. 2. Patient #7 lacked a resumption of care OASIS for a return to service after hospitalization in June 2009. Severity: 2 Scope: 2	H191			
H195 SS=B	449.800 Medical Orders 2. Initial medical orders, renewals and changes of orders for skilled nursing and other therapeutic services submitted by telephone must be recorded before they are carried out All medical orders must bear the signature of the physician who initiated the order within 20 working days after receipt of the oral order. This Regulation is not met as evidenced by: Based on record review, the agency lacked physician signatures within 20 working days on plans of care for 4 of 8 patients (Patient #3, #5, #7, and #8). Severity: 1 Scope: 2	H195			
H200 SS=E	449.800 Medical Orders 8. New orders are required when there is a change in orders, a change of physician or following hospitalization. This Regulation is not met as evidenced by:	H200			

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H200	<p>Continued From page 15</p> <p>Based on record review, the agency lacked orders for changes made to the plan of care for 3 of 8 patients (Patient #1, #5, and #7).</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Patient #1 lacked ordered skilled nursing visits for the weeks of 3/29/09, 5/03/09 and received an unordered extra skilled nursing visit the week of 5/17/09. 2. Patient #5 received an unordered extra physical therapist visit the week of 3/15/09 and lacked an ordered physical therapist visit the week of 6/14/09. 3. Patient #7 received an unordered extra home health aide visit the week of 4/26/09. <p>Severity: 2 Scope: 2</p>	H200			

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